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Bib Data Sheet

**CONFIRMATION NO. 8195**

SERIAL NUMBER 09/737,155	FILING DATE 12/14/2000  RULE	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. S1022/8494																		
<p><b>APPLICANTS</b></p> <p>Tomas Nordstrom, Lulea, SWEDEN;</p> <p>Daniel Bengtsson, Lulea, SWEDEN; Olivier Isson, La Tronche, FRANCE;</p> <p><b>** CONTINUING DATA</b> <i>M&amp;E</i></p> <p><b>** FOREIGN APPLICATIONS</b> <i>yes EPO</i></p> <p>EUROPEAN PATENT OFFICE (EPO) 99410174.9 12/14/1999</p> <p><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/02/2001</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Foreign Priority claimed 35 USC 119 (a-d) conditions met</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance</td> <td style="width: 20%;">STATE OR COUNTRY SWEDEN</td> <td style="width: 20%;">SHEETS DRAWING 3</td> <td style="width: 10%;">TOTAL CLAIMS 11</td> <td style="width: 10%;">INDEPENDENT CLAIMS 2</td> </tr> <tr> <td colspan="2">Verified and Acknowledged Examiner's Signature _____ Initials _____</td> <td colspan="4"></td> </tr> </table> <p><b>ADDRESS</b> James H. Morris Wolf, Greenfield &amp; Sacks, P.C. Federal Reserve Plaza 600 Atlantic Avenue Boston , MA 02210-2211</p> <p><b>TITLE</b> DSL transmission system with far-end crosstalk cancellation</p> <tr> <td style="width: 20%;">FILING FEE RECEIVED 1304</td> <td style="width: 60%;">FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</td> <td colspan="4"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____  <input type="checkbox"/> Credit         </td> </tr>					Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 3	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2	Verified and Acknowledged Examiner's Signature _____ Initials _____						FILING FEE RECEIVED 1304	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
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